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St. Bartholomew's Hospital Journal,

JANUARY, 1902.

"Æquam memento rebus in arduis
Servare mentem."—*Horace,* Book ii, Ode iii.

On the Learning of Medicine.

An Introduction to the Course of Lectures on Medicine.

By SAMUEL WEST, M.D.

THIS Lectureship on Medicine, like its fellow on Surgery, is the crowning honour of a teacher's career at the Hospital. I think myself fortunate to have achieved it. I trust I shall not prove an unworthy successor of the distinguished physicians who have preceded me, nor fall short of the ideal I have set myself.

Standing here, my thoughts revert to the time when I sat in the seats you occupy. Yet not exactly so; for then neither this theatre existed, nor any of the other school buildings of which it forms a part. They were not opened for use till 1881, just twenty years ago. Ample provision they were then thought for many years to come. Yet within this short space of time, such has been the rapid development in our subject that we find ourselves once more cribbed, cabined, and confined, and progress barred on every side by want of room; but I hope ere long these restraints will be removed, and growth be all the more rapid then because retarded now.

These twenty years have seen many changes in both Hospital and School, but I will speak only of some of those which concern the Medical side. The Medical Staff has been increased in number from eight to ten, two new departments have been instituted, viz. those of Electricity and Public Health; and two old departments have been so reorganised and developed as to be really new, viz. the Pathological and the Tutorial.

In my student days the Pathological Department consisted of one Demonstrator of Morbid Anatomy who made the Medical post-mortems, one Surgical Registrar who made the Surgical post-mortems, a Curator of the Museum, whose duties were largely surgical, and a Lecturer who gave a few lectures in the summer term.

We have now a Special Pathologist, the Director and Controller of the department, who lectures and demonstrates all the year round. He has working under him a Demonstrator and Assistant Demonstrator, and an Assistant Curator of the Museum. Two Demonstrators of Morbid Anatomy and the Surgical Registrar make the post-mortems, and work under the lecturer's supervision.

The Pathological Staff is thus equivalent to what in a university would be described as a professor with six assistants. In other words, the actual staff has been more than doubled, but the work and efficiency of the department have increased in far greater proportion. The fact is, that at the present time the Pathological Department represents

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and is doing the work of two distinct departments, the one pathological and the other clinical. Pathology has grown rapidly, especially in the direction of Bacteriology, but it is particularly in the application of Bacteriological and Physiological methods to Clinical Medicine and Surgery that the great development of recent years has taken place. For this we require a special Clinical Laboratory and a still larger staff of teachers. I trust that in the rearrangement of the near future provision will be made for relieving this department of pathological work. Further development is now hampered by want of space and want of money. The officers are all overcrowded, overworked, and, alas! underpaid. The Pathological Department wants an endowment. To what better purpose could wealth be applied than to the support and development of the science which in this Hospital is daily doing so much to prevent disease, relieve suffering, and save life? We have many friends, some rich. Is there no one who will give us what we so urgently need?

The Medical Registrar of my day was a simple clerk, appointed by the Hospital to draw up the Annual Statistical Report. Teaching was expressly excluded from his duties. The post, though useless to the School, had, however, two great recommendations to the holder. It gave him access to the wards; and last, but not least when the holder is young, practice a dream of the distant future, and times hard, it made him passing rich on £50 a year.

There are now two Medical Registrars, equally affluent, but they have been brought also into the service of the School, are responsible for the medical notes, and are expected to give help to the Clinical Clerks in the wards.

The Medical Tutor of ancient times was "Jack of all trades," a sort of general coach and crammer for all examinations—Surgical as well as Medical.

In my day Anatomy and Surgery had ceased to be part of his work, but Sir William Savory had these also to supervise. It was still a tradition that the Tutor was responsible for seeing that men were fit for the examinations in Physiology and Chemistry, but this had become a farce, and had been otherwise provided for.

Obstetrics I had myself to deal with for a time. Fortunately, I was soon relieved of that by the appointment of a Midwifery Tutor, my present colleague Dr. Griffith, who laid the foundation of his reputation and practice in the excellent work he did for some years in that capacity.

Materia Medica and Pharmacy developed rapidly under Sir Lauder Brunton's direction.

In these ways soon after my appointment the medical tutor was relieved of all extraneous duties, and left free to devote himself to medicine alone.

Even thus the tradition of the past remained, for the medical tutor was regarded still as a common grinder, and his classes were disrespectfully called "grinds." Men attended, for a few weeks before their examination, to be crammed and stuffed with tips and *memoriæ technica*. They came to be ground up till they got a sufficient polish to deceive the examiners.

The problem was to break down this tradition, to convert the grinder into a teacher, and make the medical tutorship a department for the teaching of elementary medicine.

The problem has, I think, been successfully solved, for the tutorship is now one of the most important teaching posts in the Hospital. Instead of going a-begging, as it were, among the junior aspirants of the school, whose only longing when they held it was for the time when they could give it up for more congenial work, it is now an office important enough to be held by members of the medical staff. I held it myself for some years after my appointment on the staff, and my place has now been taken by two other members of the medical staff, Dr. Herringham and Dr. Tooth, under whose direction the work of the department will, no doubt, be still further organised and developed.

The first event of importance in my tenure of office was the establishment of regular classes for the instruction of students prior to clerking to the medical wards,—the auscultation and percussion classes, as they are still called. I well remember the feeling of bewilderment with which I found myself when suddenly pitchforked into the wards, equipped with a stethoscope, thermometer, and note-book, and with five to ten patients allotted me, but without any idea of what was expected except that I had to take a mysterious thing called a note, and read it out to the physician. Fortunately the house physicians were equal to the emergency, and though they had no junior house physician then to assist them in their hospital duties, they still found time to give their clerks most valuable instruction. I have never ceased to be grateful to such men as Scott of Bournemouth, Turner of Brighton, and Strugnell of Highgate, who gave me my first lessons in clinical work. To depend upon the accident of having men like these in office was not fair to the students, and so the preliminary classes in auscultation and percussion were instituted. These classes added to the rest of the tutor's work soon became too much for one man. An assistant medical tutor soon became necessary, and a few years later a second assistant was appointed. The tutorial staff now consists of three teachers, each with so much work that it is difficult for them to do it all satisfactorily.

With this change of organisation came a change in title. The medical tutor disappeared, and was replaced by the demonstrator of practical medicine. Thus the tutorship became formally recognised as a teaching department.

The tutorial department has now to provide for the wants of the students at many periods in their career. The clinical clerks are first taken in hand and prepared for

the wards. Dr. Andrewes has recently inaugurated a scheme by which the junior house physicians will be utilised during their term of office in the elementary clinical work of the Hospital, so that the instruction commenced previously may be continued systematically in the wards.

The connection between the Pathological Department on its clinical side and the Tutorial is thus becoming very close. The work of the Tutorial department, as originally planned, may be, and is indeed already, being in part performed by the clinical department of the Pathological Laboratory, and if a fully equipped Clinical Laboratory be instituted, as I trust it will be in the near future, it is probable that the internal work will, at any rate in respect of direction and control, be to a great extent absorbed in that department. The students come again under the hands of the tutors during the last year, when preparing for the pass examinations. For them catechetical classes are held and clinical classes taken in preparation for the *viva voce*. For the higher examinations special classes are given for the M.B.s and a commentary class for the M.D.

A department of this kind once brought into existence gives proof of its vitality by continuous growth and development. If we can with satisfaction look back upon its past, I think we may also with confidence look forward to its future, and believe that it will always be found equal to the demands made upon it.

Many of the changes referred to were rendered necessary by the increasing stringency of the medical examinations. When I was a student the M.R.C.S. was the popular examination. It was always sound in surgery, but in medicine it left much to be desired. It was only in the year 1882 that these examinations were reorganised, and as the result a complete revolution in the teaching of medicine became unavoidable.

When the conjoint examination of the two Royal Colleges was established a few years later the standard of Medicine was still further raised. I do not think anyone will now say it is too low; indeed, I often think it is too high for a mere pass examination, and I wonder how the amount of knowledge required can be assimilated and reproduced as it is in the time allotted to it. This would, indeed, be impossible without a well-organised system of instruction such as our school now provides. Further organisation and development are necessary, and will no doubt come in time.

It is to the credit of St. Bartholomew's that throughout this period of rapid change in medicine the School has moved with the times; indeed, it has, I believe, generally been somewhat in advance of them. St. Bartholomew's has for many years had a high reputation for surgery, but I truly believe that at the present time St. Bartholomew's provides a systematic and thorough training in medicine such as it is possible to get at few other places, and I trust this will always continue to be so.

Medals and scholarships obtained in open competition at outside examining bodies are the highest testimony of efficiency. At the London University of recent years we have had far more than our share of the prizes, and this year we have secured three. The Murchison scholarship at the Royal College of Physicians has not infrequently fallen to this school. In the conjoint examination our percentage of passes in medicine is regularly a few units to the good, and considering how large a proportion (nearly one eighth) of all the candidates comes from this school, so that we more or less set the average, it is indeed a matter of congratulation that our success is well above the general average.

Looking back upon the last twenty-five years we may truly say that it has been a period of uninterrupted progress, characterised by increased organisation, co-operation, and efficiency in all parts of the school. Much remains to be done—none are more conscious of this than the teachers—but the record of the past is good earnest of the future.

With these preliminary and retrospective remarks I now turn to the subject with which you are more immediately concerned at the present time, viz. the learning of medicine.

General medicine is made up of two great parts, the science of disease and the art of healing.

The material consists of what are commonly called medical and surgical cases.

Surgery is a mode of treatment, and surgical cases are such as require or are likely to require surgical treatment. The line between medicine and surgery is difficult to draw, but we understand well enough for our present purpose what is meant. Of course these lectures treat of medical subjects only.

Medicine, as so restricted by the removal of surgery, is concerned first with general principles, and then with the application of these principles in certain special directions. The principles must, of course, be first mastered before they can be applied. Specialties must therefore be reserved for later study. Thus forensic medicine and preventive medicine, that is medicine in relation to the law and medicine as applied to the prevention of disease, are the subjects of special lectures, which you will attend by-and-by. Again, diseases of special organs—the eye, ear, throat, or skin—can only be studied with advantage after the general principles of medicine have been fully mastered.

These lectures have to deal, then, with general principles chiefly. Even then it is obvious that time would not suffice to treat all parts of medicine fully. The lecturer must therefore exercise his judgment in selecting what is most

important, and his courage in omitting what can be left for later study. You, on the other hand, must not depend on these lectures alone, but you must fill up the gaps left by your own work and reading. It must not be thought that general principles are elementary, and therefore useful to no one but a beginner; on the contrary, even the oldest and most experienced has constantly to fall back on general principles. They are the most difficult to understand and master. To present them clearly and convincingly is a task which will tax to the utmost the lecturer's skill. It is a task, indeed, which can only safely be entrusted to one of long experience in both the practice and teaching of the subject. This being so, it is easy to conceive the modesty and diffidence with which a new lecturer will enter upon his duties.

In the pictures of disease he draws, the lecturer should endeavour to preserve a true perspective. To do this he must exercise some artistic skill. What a muddle a picture seems, in which every part of it is treated as if of equal importance! and the more accurate and finished the details are, the more confusing the picture becomes, for the eye cannot see clearly all parts at once. It fixes on one object only at a time. What surrounds this is seen more or less dimly according to its distance from the point of fixation. The drawing or colouring may be good, bad, or indifferent, but provided the picture possesses true artistic feeling and composition its meaning will be clear. The lecturer on medicine must compose his picture in the same way, bringing into prominence the central object, and sketching in the details in strict subordination to it. A lecture, like a picture, may lose effect by over-elaboration of details. Though the lecturer indulge thus much in art there need be no fear lest his imagination run away with him, for he will soon be brought up by the practical demands of his subject. The end of all our science is the practical art of healing, and in this imagination is somewhat out of place.

Treatment, *i. e.* the relief of suffering and the cure of disease, is our ultimate aim and object. It is this which gives force and precision to all our work.

The study of treatment cannot be begun too soon. There are a thousand little things which can be picked up now in the hospital, almost unconsciously, which can be learnt in no other way, and which can never be taught in any course of lectures. It is a reproach of the present day that so little systematic instruction is given on treatment. The teaching is mainly directed to diagnosis, and there it so often seems to stop.

Treatment does not consist simply in giving some mysterious mixture out of a bottle so many times a day. The larger part consists not in the administration of drugs at all, but in general management of the patient, fitting diet, sanitary surroundings, and good nursing. These general principles of treatment can nowhere be so well learnt as in a general hospital like this, where there are splendid opportunities of seeing how all these things ought to be done. There is a highly skilled body of sisters and nurses, trained in the latest and best methods. They are willing and excellent teachers, and you can learn from them what no one else can teach so well. *Experto crede.* The sisters and nurses of my day taught me much, and I am glad to acknowledge the debt I owe them. In respect of prescribing you cannot learn too soon how to deal with simple ailments, such as constipation, diarrhœa, cough, and dyspepsia. For many of these maladies treatment becomes so much a rule of thumb; then take care the rules you act on are sound.

In a large hospital like this, where everything has to work in a more or less regular and mechanical way, the students tend to be spoilt. The nursing is so good and works so smoothly that it does not obtrude itself, and is taken as a matter of course. Prescribing has to be, so far as possible, by hospital mixtures which can be prepared in bulk when work is not heavy. Many of these mixtures are indicated in the hospital pharmacopœia by symbols, and it often happens that the symbols are all the student seems to know of the medicine he prescribes. So it comes to pass that many a student leaves the hospital unable to write the simplest prescription. Hospital pharmacopœias during student life and patent medicines afterwards have ruined prescribing.

Learn up your hospital pharmacopœia; the prescriptions have been all carefully selected, and have stood the test of experience. It will be hard to improve upon them. Do not strain after originality in prescribing; you will probably only make yourself ridiculous. Licence of this kind is a privilege of later life, and then you will find the temptation not so great as it is in youth. It has more than once happened here that the physician has had to check the therapeutic enthusiasm of a new house physician who would invent a novel prescription for every case,—often, by the way, exhibiting a wonderful command of incompatibles.

Treatment, being our aim and object, must be rational; it must be based upon an exact knowledge of what it is which we have to treat, or upon correct diagnosis. If rational treatment be our ultimate aim, diagnosis is the penultimate aim and necessary antecedent.

The first object in diagnosis is to ascertain whether the patient be healthy. If not, what is wrong? You have already learnt in your anatomy and physiology the structure and functions of the healthy organs. You have now to learn how structures and functions can be perverted.

Medicine is not merely applied physiology; what is applied are the physiological methods by which the perverted functions may be studied just as the normal functions were.

Medicine is the complement of physiology. It is not so

much an application as an extension of it. If an accurate knowledge of normal physiology is necessary as an introduction to the study of medicine, so is the study of abnormal physiology requisite for the full comprehension of the normal, and medicine more than repays the debt it owes to normal physiology by the light it casts upon the processes of health.

One department of normal physiology, and the most popular at the present time, is the experimental. In medicine we study the experiments which disease provides. Morbid and healthy physiology thus act and react powerfully the one upon the other. The greater and more precise our knowledge of the normal the more easily shall we detect and appreciate departures from it, *i.e.* the conditions of disease.

Disease, then, may be described as a departure from health. Health is not a fixed and constant thing. On the contrary, it is a relative term and constantly varying.

Herbert Spencer's definition of life may be applied to health. Life he described as "a continuous adjustment of internal to external relations." When this adjustment is all in order and as it should be the body is healthy.

Health, then, is a condition of equilibrium. It may be illustrated by a balance: the external conditions, *i.e.* the forces which tend to destroy the equilibrium, are in one scale-pan; the internal conditions, *i.e.* the forces which tend to maintain it, are in the other. The equipoise has nothing to do with the actual weights in the pans. They may be ounces or pounds. All that is required is that the weights on the two sides should be the same.

Some balances are made to carry heavy weights, some to carry light weights only; the latter are called delicate, the former strong.

Here are two balances: the one has half a pound weight in each pan, and would bear much more; the other has an ounce in each pan only, and it is as much as it will carry. If I were to put a pound in the lighter balance I should strain it greatly, probably wreck it and completely spoil it.

I now add a few grains to one pan in each; the lighter balance swings at once, the stronger only after a time. So it is with health: the stronger the health, the more difficult it is to disturb it; the more delicate the health, the more easily disturbed it is.

In the physiological balance continuous adjustment is necessary, for the weights are constantly changing. As weights are added to or taken from the one side, so must weights be added to or taken from the other to preserve the equipoise. This is called compensation.

If I take this balance with a pound in each scale-pan, and add a few grains to one side, the heavier side begins to fall. It falls slowly, and I have plenty of time to put the same weight on the other side and stop the swing. The equipoise is restored, and after one or two gentle oscillations the balance comes to rest again.

If I now add an ounce in the same way the pan falls more quickly; but still, if I am quick, I may have time to stop it going far, though the swing will be more rapid and greater.

If I add two ounces the pan falls too fast for me to stop it. If I add more it may fall with such a shock as to throw the balance out of gear altogether. Failing this, I can still restore the balance by adding equivalent weights. The lower pan then begins to rise slowly, and after several wide oscillations in time recovers the position of equilibrium again.

If I add the same weight of two ounces which produced so much disturbance, not all at once, but gradually—grain by grain, for instance—the adjustment is easy and the oscillation slight, as in the first case.

The power of compensation is thus shown to depend not so much upon the actual amount of change as upon the degree of suddenness with which the change is made. The rate of fall and the oscillations which result are an index of the disturbing force.

Further, there are limits to compensation. Suppose I have 500 grains in reserve. I can draw on this as may be necessary in large or small amounts, but so soon as the reserve is all used up no further adjustment is possible; even one grain added more destroys the equipoise for ever.

In a muscular organ like the heart, compensation is represented by growth, that is hypertrophy. Hypertrophy is only possible by drawing on the heart's reserves. So the paradox is explained that an hypertrophied heart, though apparently so muscular and strong, is a weak heart, for it has used up its reserves, and a slight extra demand may lead to its sudden and complete breakdown.

Health, then, is a condition of equilibrium. Disease is a condition in which this equilibrium is lost. The oscillations in the balance are the result of it, and represent the signs of disease.

The signs of disease fall into two groups: the subjective, those of which the patient complains, that is symptoms of discomfort or dis-*ease*; the objective, those which the doctor can detect, the evidences of organic disease. This is a distinction of considerable clinical importance. Originally the word disease meant discomfort, dis-*ease*, and referred to the patient's feelings only. Gradually it came to acquire a pathological meaning, that of organic disease. A patient is not unfrequently told that there is no disease, and yet what brought him to the doctor was his discomfort or dis-*ease*. There may be much dis-*ease* without any organic disease, just as there may be considerable organic *dis*-ease without any dis-*ease*.

Many patients trouble themselves but little about any *dis*-ease they may have if they have no dis-*ease*; and if they

have dis-*ease*, discomfort, they rightly expect the doctor to relieve it.

The prime object of treatment is to remove if possible the cause of disease, and rightly, for with the removal of the cause the consequences will vanish. But if the cause cannot be removed, it does not follow that there is nothing to be done. If we cannot remove the disease we must relieve the dis-*ease*. If we cannot cure the disease we can at any rate treat the patient.

Treatment of symptoms is sometimes spoken of as if it were irrational. But it is not so. In diphtheria we may not be able to remove the bacilli which cause the disease, but we can neutralise their products upon which the evil results depend. So with other symptomatic treatment; we may find hereafter that when administering the remedies which give relief we have really been employing, without being aware of it, the most scientific antidotes to the cause. You see how naturally diagnosis leads to treatment. I began to discuss diagnosis, and yet passed almost at once to discuss principles of treatment. I return again to diagnosis.

If a patient be not well, it is necessary to discover what is the matter. This is called making a diagnosis.

The diagnosis is a conclusion which follows logically from certain premises. It is not a guess or lucky shot. Given all the facts, the diagnosis necessarily follows. But if the facts be not real facts, but inaccurate observations, or incorrect assumptions, then the more logical the mental process the more certain is the diagnosis to be wrong. The importance, then, of correctly ascertaining and stating the facts of the case is obvious, and the greater part of your time as students will be spent in learning this art.

To make a diagnosis you must learn—

1. What the facts are which it is important to ascertain. This you will be taught in these lectures and in other parts of your hospital course.

2. The methods by which these facts can be ascertained. These are the subjects of your various practical classes.

3. The use that can be made of these facts and the conclusions which can be drawn from them. This will be your work in the wards and out-patient departments.

The lecture method is analytical. There a disease is taken and dissected, and its parts laid out before you. Your own work as students will be the exact opposite of this, for the method of learning is synthetical. The lecturer takes the fagot, picks it to pieces, and shows you the separate sticks of which it is made up. The student has to collect the sticks, lay them side by side, and bind them all together so as to make up the fagot for himself.

The first year of clinical work should be spent by you in mastering the methods of clinical investigation, in learning how to collect your sticks.

Pathological demonstrations and work in the post-mortem room will show the structural changes which disease produces, for medicine is built upon the basis of morbid anatomy. You will there be taught how to recognise these structural changes in the living person.

Having learnt these methods so that you can make practical use of them and rely upon your results, you will next have to observe the perversion of function with which these changes of structure are associated, *i. e.* the symptoms which the patients exhibit. These two courses of instruction really run concurrently to a great extent, and you will begin at once to practise both by taking the notes in the wards.

The taking of a note is really an art of great importance to you, and by no means easy to acquire. I wish we had a uniform system of note-taking throughout the hospital, but it is not so. There are two systems in use,—the one anatomical or regional, the other physiological.

The anatomical method is intended to train the observation only, and not the reason. The student examines the whole body, beginning from the crown of the head and ending at the sole of the foot, noting down everything which strikes him. The great objection to this method is that it brings into relation parts which have little or no physiological relation to one another, *e. g.* the hair, the eyes, and the tongue.

The physiological method is much to be preferred. Then the various physiological systems are taken each in turn and examined, so that the facts recorded hang together in a rational way, and the student practises from the commencement the method which he will certainly adopt subsequently. A short scheme of this kind which I drew up for my own classes you will find on the table.

On this subject of note-taking I will give you a few practical hints.

i. Be orderly and systematic. You had better form a habit of order than not, for a habit of one kind or the other you will certainly form. There is so much to observe and record in any case that without some regular system upon which you can work you will infallibly miss something of importance, or will, at any rate, never feel confident that you have not missed any.

ii. Express your observations in the simplest and plainest words you can find in your vocabulary. Avoid technical terms as far as possible, at any rate at first. They are a great trap, and though they give an appearance of knowledge more often conceal ignorance. If you cannot avoid them, be sure you fully understand and are able to explain their meaning. The perplexities of auscultation and percussion, as of many other parts of medicine, lie less in the facts themselves than in the inaccurate use made of words to describe them.

iii. Do not mix up the facts observed with your opinions upon them. A beginner may be able to describe the facts he has observed with perfect accuracy, but his opinions

cannot be of much value, and will probably be wrong. To state the facts observed is all the clinical clerk has to do; the conclusions to be drawn from those facts is the business of his physician.

iv. Cultivate a good style. Think clearly. Arrange your thoughts well, and try and express them simply and tersely in good English. Then your meaning will be clear, and that is the essence of good style.

This advice is of more importance than you may now think it, for consciously or unconsciously an examiner is always influenced by the style of the papers he has to read; with a good style a little knowledge may be made to go a long way, and with a bad style much greater knowledge may fail to have full justice done it.

Having obtained your facts, and stated them, you have next to draw your conclusions from them,—that is, to make the diagnosis. The diagnosis made has next to be tested—verified. You should now go over the whole case again in your notes. See what the difficulties and objections are to the diagnosis you have made, and consider how they are to be explained. If you write down the results of your review, they will constitute that mysterious thing which is called "a commentary," *i. e.* the comments you have to make. Let me advise you now to take your notes home, read up the subject, go over your notes again, and make a list of the points you have omitted, or wish to investigate further on your next visit to the wards. If you study your cases in this way, not reading a text-book from cover to cover, but getting up subject by subject as opportunity offers, the knowledge you get will stick to you, and you will be surprised how much you have learnt in a few months without any conscious effort. The best test of a diagnosis is the autopsy, for if your diagnosis be confirmed by that most crucial of all tests, you will gain confidence; and if it be not confirmed, you will at any rate see wherein the mistake lay, and learn humility.

It is in the wards that the difficulties of diagnosis will first be brought home to you. A puzzle seems so easy when the solution is known; but in the wards the puzzle is there, its solution is unknown, and you have to discover the key for yourself.

It is best for the student to begin in the wards, for the work there is more quiet and deliberate; there is more time to investigate the facts and digest them. In the out-patient room the work is necessarily more noisy and more rapid; there is less time to investigate and think. But you will find that it is in the out-patient rooms that you will learn most of what is of greatest use to you in practice hereafter.

Be constant in your attendance in both wards and out-patient rooms, and above all in the post-mortem room, for there you will gain a greater insight into the processes of disease than can be obtained in any other way.

Do not be afraid when you are young of making mistakes and asking questions. It is the only way to learn, and you cannot well do either of these things afterwards in practice.

You have three years to devote to clinical work: the first will be partly occupied in learning the clinical methods; the second in practising and applying them; the last year will be spent attending the special departments and preparing for examination. I have already shown how the School provides help for you at all these stages, of which I trust you will take full advantage. I have but one last piece of advice to give you, and not the least important: "Do not be in a hurry."

There is time for everything, much as it seems, if it is taken quietly and in order. More haste, less speed. Hurried work is scamped work. Work as rapidly as you please and can, but let the work be thorough. Some men have an insane desire to get their examinations over, and are tempted to go up before they are ready,—"to rush it," as they describe it. This is fatal. The list of plucks in all the examinations is largely made up of those who rush; and they are often ploughed not once, but over and over again. The mischief is that work once badly done is never well done afterwards. All that such men can do is to go back and hurry again over the parts they have failed in. The effect of hurry can no more be made up than the time be recovered which has been lost. The foundation has not been firmly laid, and the structure built on such foundations will never be secure.

There is plenty of time, with the classes and instruction so well organised and arranged as they now are, for every one to get up the work thoroughly without hurry or worry—if only he will do one thing at a time, and do it well. No better advice can be given than that contained in the legend over the school entrance, "What thy hand findeth to do, do it with thy might."

The Evolution of the English Medical School.

A Paper read before the Abernethian Society, on Thursday, November 7th, 1901.

By J. A. NIXON, M.B.Cantab.

(*Concluded from p.* 41.)

THE thirteenth and fourteenth centuries probably represent the low water mark of English letters; the physicians were ecclesiastics reading the Latin medical authors, writing only as copyists and commentators, practising physic and surgery *more antequorum*, and adding nothing to the general stock of knowledge.

The surgeons were in some respects rather worse; they knew no language but their mother tongue, and were hence absolutely unlettered,—perhaps, if the truth were known, to the advantage of mankind at large, for as handicraftsmen they acquired no little dexterity, and as empirics they fared no worse than their contemporary physicians who theorised on Galenical premises.

At the beginning of the fifteenth century the physicians began to evince a desire to improve their social status, and this, considering

the influence of ecclesiastics at court, they were able in some degree to accomplish, for they presented to the king, Henry V, a petition in which they prayed that "no man of no manner of estate, degre, or condicion practise in Fysyk from this time forward, but he have long tyme yused the scoles of Fysyk within som universitie, and be graduated in the same under payne of long imprisonment and paying x li to the kyng." Also (and this is a liberal clause) "lest they whiche ben able to practise in Fysyk ben excluded from practising the which be nought graduated. Pleaseth to your hey prudence to send warrant to all the sherrefs of England, to every practysor in Fysyk, nought graduated in the same science, that will practise forth, be withynne one of the universities of this lond by a certayne day, that they ben able and approved after trewe and streyte examinacion be receyved to theyr degree, and they that be nought able to cese from the practyse unto the tyme that they be able or never more entre mette thereof, and that thereto also be iset a peyne convenient." This is the first attempt at registration of medical practitioners, and it shows clearly that a university education was essential to the better class physician; however, and though the reply directs the Lords of the Council to see that the various recommendations of the petition are duly executed, there is no evidence that any further steps were taken in the matter.

To protect their interests the physicians then took the matter into their own hands, and seeing the position which the City Guild of Surgeons then occupied (for the craft guilds were in London at least all-powerful in their respective spheres) associated themselves into a society, which was to co-operate with the already existing fellowship of surgeons. And at some date between May, 1421, and May, 1423, the physicians and surgeons formed a conjoint college independent of each other as to rights and privileges, but under the approval of the mayor and aldermen of London, to regulate the medical and surgical professions. During Henry V wars in France, the surgeons with the army, and notably Thomas Morstede of St. Bartholomew's, had risen to an eminence which had hitherto been denied to them, and the influence of the latter, who was the first serjeant-surgeon, was not improbably sought to ensure success for the petition and foundation of the College.

This body made regulations for the examination of would-be practitioners, and issued licences to practise. After 1424 there is no further evidence of its existence, and it is probable that the jealousy between the two branches rendered the scheme unworkable in practice.

But the surgeons continued to carry on the work of their half of the College, and a definite Fellowship of Surgeons was incorporated in 1435. They taught the apprentices and examined outsiders who were anxious to practise surgery, the fee to the latter (who are always referred to as "foreigners") being of course much higher than that demanded of apprentices who were made free of the craft.

By the year 1462 both barbers and surgeons had been separately licensed by the City, but as yet neither had obtained a royal charter for their guild; and in 1468 the barbers practising surgery obtained a charter from Edward IV.

From this time the barber-surgeons continued to improve their position until they finally became surgeons, when the Barbers' Company and the Guild of Surgeons were united by Henry VIII.

The rules for the enrolling of fit and proper persons as apprentices in the Barbers' Company were very strict, and extended to a physical examination. Each enfranchised barber might instruct three apprentices, and not more than two "stranger" servants might be kept, while none but they should be allowed to keep open shop in the City under penalty of 40*s*.

The surgeons at this time had obtained exemption from keeping of watch and bearing arms, a privilege which the City authorities struggled hard to contest; yet the shadow of victory rests with the surgeons, for the Chairman of the Court of Examiners still informs successful candidates that they are exempt from service in the militia or on juries, nor can their horses be requisitioned by the Fire Brigade. Thenceforward the barbers and surgeons lived in amity. The surgeons held the higher social position, but had not the advantage of a Royal Charter; the surgeons had no doubt improved their intellectual status by the contact of the military surgeons with foreign influences during the wars, yet when in the third year of Henry VIII further powers were sought to forbid "any person in the City of London or within seven miles of the same to take upon him to exercise or occupy as a physician or surgeon, except he be first examined, approved, and admitted by the Bishop of London or the Dean of St. Paul's," little improvement seems to have taken place in the practice of either medicine or surgery at large.

This is the first mention of the licence of the Bishop of London; yet in the history of medicine, and especially of our Hospital (*v.* Calendar), this authority figures frequently.

Either the Bishop or Dean had to associate himself with four doctors of physic before granting a licence in medicine, and for surgery other expert persons in that faculty, who were to certify after due examination as to the fitness of the candidate to practise. In other parts of the country the bishop of the diocese or his vicar generally acted as licenser.

Strange as the situation may seem, the licensing power of the ecclesiastical authorities still exists though never exercised, for the Archbishop of Canterbury has the right to confer any university degree on fit and worthy persons—a right which is claimed from time to time at the present day, though never in medical degrees.

There is no doubt that, at the time, the Church dignitaries were as fit or fitter than any layman to grant licences; many of them held medical degrees, and at best the qualification to practise medicine only comprised a knowledge of certain authors, which the university education of the clerics had brought within their reach.

The accepted medical curriculum in the early days of the sixteenth and succeeding centuries was somewhat as follows:

At the tender age of fourteen years the more promising lads in the monastic schools were sent to Oxford or Cambridge, where still in a monkish atmosphere they read, with a reverence only equalled by that in which the fathers of the Church were held, the Galenic and Arabian literature of medicine.

Having thus qualified in the literature of their subject, they subsequently studied practical medicine, chiefly anatomy, at one of the great Continental schools, Padua, Montpellier, Bologna, or Paris, where, under such men as Achillini, Sylvius, Vesalius, and Fallopius, they shared in the making of history. From these centres of real learning they travelled abroad to others, perhaps begging their way from town to town, or, if men of substance, placing themselves under the direct tuition of one of the great professors.

Of these one stands out pre-eminently, Vesalius, the inventor or creator of modern anatomy, as Herodotus had been of the old; he was a native of Brussels who went to Paris, and from the lips of Sylvius laid the foundations of his anatomical knowledge. Subsequently he journeyed to Padua, and there became the greatest teacher of any country or time; his class, we learn, numbered 500; his writings included the first really great work on anatomy, being a description of the human frame as seen from dissection, and not through the hazy telescope of tradition.

To his class came a young Cambridge graduate, one who, destined for the Church, had acquired at Gonville Hall all that the university could offer of a classical education; lodging in the house of his master, John Caius with his contemporary William Butts, a member of the same hall, profited by his relations with Vesalius to become not only a distinguished anatomist, but studied also, to the lasting advantage of every English medical student from that day to this, the methods of scientific teaching.

Then fully qualified, Caius returned to England, and in Cambridge, in his own college founded by Gonville, he created the modern study of physic. He obtained permission for dissections in Cambridge, and ordained that yearly in the hall of his college a public dissection of a human body should be held. This was known as the "Anatomy of Caius," and from this institution dates the true English study of medicine. Henceforth it was possible to study medicine not as a literary subject, but as a true science, in England.

Medicine has had many fathers, but the medical student has but one; our filial gratitude is due to one name only, John Caius.

In 1518 Linacre had founded the College of Physicians in Knightrider Street, but great as was the influence of this body in maintaining a high standing of medical knowledge it had but little connection with the unqualified student of medicine; it admitted to its fellowship none save those who had previously graduated at Oxford or Cambridge. But Linacre and Caius stand out as the greatest educators in the medical world; they emancipated English medicine from the control of the clergy, and at the same time laid the foundation of the self-government of English physicians.

For two centuries after Dr. Caius's time medical study went forward on the lines he had laid down; his example in studying practical anatomy was followed in London by the Barber-Surgeons Company (after its incorporation by Henry VIII in 1542). Public anatomies, as they were styled, were held on the bodies of condemned felons, and it is evident that at St. Bartholomew's the surgeons turned their attention to anatomy, for in 1548 Thomas Vicary,

Surgeon to the Hospital and Serjeant-Surgeon to the King, published his work on anatomy, which may now be found in our library—*The Englishman's Treasure, with the True Anatomy of Man's Body*,—a book whose popularity was soon established, and ran through nine editions in the ninety-three years succeeding its first appearance.

Vicary himself was not gentle by birth or by profession, and his education was probably not of the highest, yet he had sufficient common sense to appreciate the value of a general education if the surgeon's position was to be improved. The surgeons of St. Bartholomew's Hospital—William Bedon, Richard Story, Edward Baily, and William Clowes—thought it "so learned a worke of anatomy" as worthy to be by them "students in Chyrurgerie not without our great study paines and charges newly revived, collected, and published abroad to the commodity of others," long after the death of the author.

In 1582 the first of the now famous public lectures was founded in the College of Physicians by Lord Lumley, and the Lumleian Lecture is still delivered year by year, though not in the same form as originally devised.

In these years many ordinances were drawn up for the teaching of apprentices, who learnt practical surgery with their masters, and doubtless attended the Public Demonstrations in Anatomy and such lectures as were given at the Barber-Surgeons' and College of Physicians' Halls.

Throughout the reign of Elizabeth the company maintained one scholar at the University of Oxford or Cambridge; these scholars were usually the sons or relatives of prominent members of the Company.

Licences to practise were still granted after examination by the master and governors, and according to results the licence was given either permanently if the candidate acquitted himself well, or for a longer or shorter term of years if less satisfactorily. On very rare occasions aspirants were referred for a further period of study.

In 1599 an unsuccessful attempt was made to persuade the Bishop of London to forego his right to issue licences to practise surgery in his diocese.

In the early half of the seventeenth century the position of medical study remained but little altered; physicians graduated at Oxford or Cambridge, then studied abroad, and clinical work was entirely, as we should say, post-graduate; but our Hospital became, or had been for some time past, a place of resort for clinical work for graduates in medicine.

In 1645 Mr. Edward Arris, who had been examined and admitted to practise surgery in 1629, bequeathed to the Barber-Surgeons' Company certain money to found a Lecture and Public Dissection.

Later in the same century private persons took upon themselves to dissect and demonstrate anatomy, for executions were frequent and Government officials venal. In 1639 first, and later in 1673-4 and 1714, complaints were made to the court of the company that "diverse persons inhabiting in London and the suburbs, and divers aliens, fforeyners, mountebanks, impostors, and empiricks have of late indirectly obtained many dead bodies and dissect them in private dwelling-houses, to the shame and scandall of the government of this Citty and the general grievance of the Commonwealth by smothering men murthered in private places and dissecting them in private houses, giving the word forth that they are anatomyes, which may prove of dangerous consequence."

The private persons alluded to sometimes included members of the company itself,—as, for example, Mr. William Cheselden, who was arraigned before the court of his own company, for that "he did frequently procure the dead bodies of malefactors from the place of execution and dissect the same at his own house, as well during the company's publick lectures as at other times, without the leave of the governors, and contrary to the company's by-law in that behalf."

Such was the rise of the private schools of anatomy in London, which for many years threatened to rival the budding hospital schools, and still exist though in diminished numbers.

During the years that these changes were taking place in the study of surgery, which have been traced in London for the sake of uniformity, though similar systems had sprung up elsewhere, notably in Edinburgh and Dublin, the study of medicine remained, speaking broadly, what Dr. Caius made it; medicine was a University subject, and was open only to students of Oxford and Cambridge, who like Sydenham, after leaving Oxford, went to the Continental schools, probably Leyden and Paris, and certainly Montpellier. At Oxford in his time, 1647, there was a Regius Professor of Medicine, whose duties were to read a lecture twice weekly on Hippocrates or Galen; and there was some regular teaching in anatomy, since a readership had been founded in 1623. But the Oxford revival in anatomy was of a later date, though Sydenham must have seen its beginning under Lower [1642] and Willis [1650].

The troublous period of the Civil War and the early days of the Commonwealth interfered somewhat with the smooth course of medical education in the two ancient universities, which became actively partisan, and the wonted intellectual calm was rudely shaken.

London, then as now ballasted by its commercial interests, preserved a more placid atmosphere, and education began to centre there.

The two existing hospitals of any note, St. Thomas's and St. Bartholomew's, profiting by the unsettled state of the provinces, entered into competition with the Barber-Surgeons' Company, and opened their doors to the medical student as we understand the term.

In 1662 their first official recognition by the Governors of St. Bart.'s is recorded by the formation of a library, as the Hospital minutes say, for the use of the Governors and the young university scholars.

In October, 1695, complaints were made by members of the Barber-Surgeons' Company "against breeding soe many illiterate and unskillful pretenders to chirurgery att S. Thomas's Hospital or wherever else the like ill-practices are used, where contrary to the oath of our Company and of the Citty of London the chyrurgeons pretend to qualifie any person how unfitt soever in half a year or a year for the expert practise of our art." Then after further clauses they go on, "Nay, so far has this mischiefe extended itself that . . . . one if not two of the very master chyrurgions of that hospital had noe education but what was spurious and of this sort."

In 1702 the Governors of St. Thomas's Hospital took the matter of teaching into their own hands, and whilst recognising the right of the surgeons to take pupils ordained that "none shall have more than three cubbs at one time, nor take any for less than a year."

The eighteenth century shows the hospital schools gaining power and increasing in numbers.

At our own Hospital in 1726 a museum of anatomical and surgical specimens was instituted, and in 1734 leave granted for any of the surgeons and assistant surgeons to read lectures in anatomy in the dissecting room of the Hospital, which we thus hear of for the first time.

In 1745 the Barber-Surgeons' Company divided into the Barbers' Company and the Surgeons' Company, then newly incorporated, the latter company no longer resisting the claims of the hospitals to teach surgery.

Physicians continued to graduate at Oxford and Cambridge, but instead of seeking knowledge at the Continental schools they began to realise the vast wealth of clinical material which then as now was available in the London hospitals. Clinical training was recognised to be, as Sydenham had shown it, the main object of the medical education, and the more purely scientific subjects as they came into prominence were relegated to the position of valuable adjuncts.

Hence the centre of teaching became the hospital, on to which the school was grafted and where the subsidiary branches could be cultivated. Moreover the Hundred Years' war had made living and travelling on the continent of Europe less secure than it had been in the days of John Caius and William Harvey.

About 1765, however, the two Pitcairns, successively physicians to the Hospital, delivered lectures on medicine as well as surgery and anatomy.

From the life of John Hunter one learns that at St. George's, as at St. Bart.'s, there was no common school attached to the hospitals where students shared in courses of instruction, but the physicians and surgeons had each of them their own pupils, who followed them, and saw what they could of the work of the other men; the pupils were present at operations, consultations, and post-mortem examinations; but for everything else (this is St. George's in 1793) "they have to go for their anatomy to Windmill Street; for their midwifery to Queen Street, Golden Square; for their chemistry, materia medica, and practice of physic to Leicester Fields." There were the great private schools, such as the Aldersgate Street of anatomy was in Sir James Paget's day nearer home, and "Cooke's" is to-day.

In 1791 physiology had been added to the curriculum. And now the apprentice system was in full swing; first apprenticed to a country practitioner, then to a hospital surgeon (physicians seem not to have profited by the remunerative system), finally qualified by the College of Surgeons or the Society of Apothecaries, the

newly fledged doctor either went out into the cold world, or if he became a house surgeon by mere lapse of time came on the senior staff.

Such was the natural order of events until Sir James Paget came on the scene. Circumstances and lack of means prevented his paying the large fee necessary to become an apprentice to a hospital surgeon, but his intellectual attainments and the man himself forced the Governors to break through their rule, neglect vested interests, and at one blow break the apprentice system by electing Sir James to the staff of our Hospital. Henceforth the absurdity of the apprentice system became apparent, and from the student's side it met with but little support, for what was the use of paying a big fee to be a surgeon's pupil, and a further one to be his house surgeon, if an outsider without incurring any of this expense could step in and take the higher appointments?

Here, gentlemen, is the school we know; and if I have said but little of the later phases of the examination system, and but little of the qualifying bodies of the present day, it is because they have had but little or nothing to do with the making of the medical schools. They have been the result of the system rather than its cause.

If we have finally reproduced the Conjoint Examining Board of the fifteenth century, it is because our system of education was ready for it, as it had not been four centuries before.

If I have left out all mention of the University of London, it is because it has merely maintained the standard rather than altered the course of medical education. It may be that but little time has been spent on the nineteenth century with all its discoveries in science and medicine, with its additions to the curriculum, and its lengthened term of pupilage. The reason has been that the nineteenth century has been the apt pupil in that school the broad outlines of which John Caius had conceived, to which Harvey contributed his marvellous discovery, the pioneer of all physiology, and to which Sydenham added clinical medicine. These are the founders of our school, in which succeeding generations have worked, and page by page laid open the book of knowledge, that precious merchandise which Clement and Melrose offered to Charlemagne, whose price Harvey so simply expressed when he wrote in his friend's album,

Dii laboribus omnia vendunt.

Perforating Gastric Ulcer occurring in Two Sisters.

By W. L. PETHYBRIDGE, M.D., B.Sc., Plymouth.

PERFORATION of a gastric ulcer is not a very common event, and the fact of its occurrence in two sisters, both of whom were operated on, and both of whom recovered, must, I should imagine, be unique in the history of surgery.

The following are brief notes of two cases which have come under my observation, and which were operated on in the South Devon Hospital by Mr. Lucy and Mr. Whipple respectively:

CASE 1.—At 10 p.m. on March 8th, 1900, I was called to see G. P—, a factory girl æt. 20. Her history was that she had been at work in her usual health in the morning, when at 11.30 a.m. she was seized with sudden very severe pain in the pit of the stomach. She was slightly sick once, but there was no other retching or attempt at vomiting. She was brought home and put to bed. I found that about two years previously she had been treated for dyspepsia, but that latterly she had not complained of anything definite. She had never brought up any blood.

On examination the face was very pale with an anxious expression; pulse 120, feeble; temp. 100°. The abdomen was very distended, and moved very slightly with respiration. There was great tenderness in the epigastrium and left hypochondrium. The abdomen was resonant everywhere except for some slight dulness in the right flank. The liver dulness was diminished.

The patient was advised to go to the hospital for operation at once, but declined. At 10 a.m. on the following morning her pulse rate had risen to 140, and the liver dulness had almost disappeared. Patient now consented to operation, and was sent to the hospital. The abdomen was opened at 12.30 p.m. by Mr. Lucy. Free gas at once escaped, and a perforated ulcer the size of a half-crown was found on the anterior surface of the stomach towards the cardiac end. The edges were thickened and indurated. On this account, and considering the large size of the ulcer and the desperate condition of the patient, no attempt was made to suture it, and it was merely brought up to the abdominal wall, packed round with gauze, and a drainage-tube passed through the perforation into the stomach. The abdomen was washed out with hot saline solution, and the stomach contents, which were free in the peritoneal cavity, and included a large piece of orange, were evacuated.

During the operation patient was infused with six pints of saline solution and an ounce of brandy. She was extremely ill for forty-eight hours after the operation, but then began to improve steadily. The fistula healed without further operation. The drainage-tube was left in for about a week, and on a few occasions the patient was fed through it. There was not much discharge of gastric juice, and the wound was soundly closed before the patient left the hospital at the end of six weeks. She has had no return of any stomach trouble since.

CASE 2.—At 8 p.m. on November 16th, 1901, I was hurriedly summoned to see A. P—, a younger sister of the above, the messenger stating that the girl's mother believed her to be suffering from the same complaint as her sister had had, and events proved this diagnosis to be correct. The girl was sixteen years of age, a machinist. She had been ailing for several weeks, but had not seen a doctor. She had her usual dinner of meat and vegetables at 1.45 p.m., and then worked at her machine for about two hours. At 5.15 p.m., while sitting quietly in a chair, she was seized with acute pain in the upper part of the abdomen and left side, which persisted until I saw her. There was no vomiting or retching.

On examination the face was very pale and pinched, the legs were drawn up, respiration shallow and rapid; the abdomen was distended in the lower half, and scarcely moved with respiration; there was tenderness in the epigastrium, and dulness from the pubes nearly to the umbilicus. This, however, and the abdominal distension proved to be the result of a distended bladder. The liver dulness was normal.

In this case there was no difficulty in persuading the friends to allow the girl to submit to operation, and she was at once sent to the hospital, and the abdomen was opened by Mr. Whipple at 10 p.m. The perforation was the size of a sixpence, and was situated on the posterior surface of the stomach at the cardiac end high up under the diaphragm. With a little trouble the perforation was successfully sutured and the abdominal cavity cleansed. No gas escaped on opening the abdomen. This patient was also infused with saline solution, strychnine, and brandy. She made a rapid and uneventful recovery.

The chief points of interest in these two cases are—

(1) The fact of a comparatively rare misfortune happening to two members of the same family.

(2) The fact that perforation did not come on soon after a meal, the interval being three and a half hours in each case. In the first case the patient breakfasted at 8 a.m.

(3) The absence of retching after perforation in both cases.

(4) In the first case the fact of recovery after an interval of twenty-five hours between perforation and operation. Recovery was no doubt largely assisted by the injection of saline solution.

(5) In the first case the liver dulness was diminished, and there was free gas in the abdominal cavity. In the second case the liver dulness was normal, and there was no gas in the abdominal cavity.

(6) In the second case the youth of the patient. She looked a mere child.

I have not studied the literature of gastric ulcer, but I do not remember to have read of a case of perforation occurring under the age of seventeen.

I am indebted to Mr. Whipple and Mr. Lucy for permission to publish these notes.

Apology of a Minor Poet.

SINCE the first unlucky hour
When I patronised the muse,
I've been greeted with a shower
Of gratuitous abuse.
"It's a crime
To waste time
Making rhyme!"

Though to poetry addicted,
Still, at any rate as yet
I have never been convicted
Of a penny novelette:
Heaven knows
No mere prose
Is my pose!

Were I painfully pedantic,
Were I wanton with my wit,
Were I rabidly romantic,
Then the symptoms, I admit,
Might be worse;
But my verse
Is most terse!

When I'm cured of this distemper,
Then my sympathising friends
Will be kind to me, *quâ semper*,
Overjoyed to make amends.
I'll explain
That I'm sane
Once again!

HAROLD WHALE.

Notes.

MR. WILLETT has been appointed Consulting Surgeon to the Hospital.

* * *

MR. WARING has been elected to the post of Assistant Surgeon—a most popular appointment, on which we congratulate ourselves no less than Mr. Waring.

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SIR T. LAUDER BRUNTON and Dr. J. S. Edkins are among those appointed University Lecturers in Physiology and Experimental Psychology at the University of London.

* * *

DR. HORTON-SMITH has been appointed one of the Honorary Secretaries of the Advisory Committee appointed by the King for the erection of a Sanatorium for Tuberculosis in England.

* * *

MR. MCADAM ECCLES is delivering, as Hunterian Professor three lectures, illustrated by lantern, on the Anatomy, Physiology, and Pathology of Imperfectly Descended Testis in the Theatre of the College of Surgeons on February 24th, 26th, and 28th, at 5 o'clock each day.

* * *

DR. CHARLES POWELL WHITE has been appointed Erasmus Wilson Lecturer. His subject is the "General Pathology of Tumours," and the Lectures will be delivered at the College of Surgeons on February 10th, 12th, and 14th at 5 o'clock each day.

* * *

THE Annual Oration of the Hunterian Society will be delivered on Wednesday, February 12th, at 8.30 p.m., in the Theatre of the London Institute, Finsbury Circus, by Arthur T. Davies, M.D., F.R.C.P.: subject "Organo-Therapeutics, Ancient and Modern." It is open to members of the profession to attend.

* * *

MR. PHILIP DE SANTI, F.R.C.S., Senior Assistant Surgeon and Surgeon in charge of the Ear Department at Westminster Hospital, has been appointed Surgeon to the Throat, Nose, and Ear Departments, which have been amalgamated at Westminster, and in consequence has resigned the Assistant Surgeoncy.

* * *

DR. CLAYE SHAW is giving a series of Demonstrations on Mental Diseases on Thursdays, at 4 p m., at St. Luke's Hospital, in place of those formerly given at the Banstead Asylum, beginning on February 6th.

* * *

MR. HERBERT WILLIAMSON has been appointed Demonstrator of Practical Midwifery.

* * *

MR. W. D. HARMER has been appointed Demonstrator of Anatomy.

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MR. K. R. HAY has taken the degree of M.B. in the University of Cambridge; Mr. F. E. Wood and Mr. F. H. M. A. Beckett that of B.C.

* * *

IT is with deepest regret that we hear of the death of Dr. A. N. Weir, who was only recently Demonstrator of Anatomy. He met with an accident on the Brighton Railway on February 1st, and died the following day in Guy's Hospital. We hope to give a full account of his life and achievements in our next issue; meanwhile we offer our sincere sympathy to his family.

* * *

A. E. J. LISTER has been maintaining the reputation of the Hospital by coming out first at Netley and taking the "Maclean" Prize for Clinical and Ward work, the "Parkes Memorial" Bronze Medal for Hygiene, and Special Honourable Mention in Military and Tropical Medicine,

which things do not surprise us, but our congratulations are none the less hearty.

* * *

L. M. MORRIS was placed First in the entrance examination for the Navy: more congratulations!

* * *

IN accordance with the scheme for the development of clinical pathology in the wards the assistant house physicians are now required to attend a special course of practical instruction in the Pathological Department before entering upon their duties. This course will be held twice a year, as soon as possible after the nominations for the appointments have been decided. The provision by the Hospital of modern microscopes and blood-counting apparatus will enable much of the work which has hitherto been performed in the Pathological Laboratory to be carried out in the wards, and it is the intention of the School that the junior house physicians shall be responsible for the teaching of elementary clinical pathology to the clerks.

It is further intended to institute a course in Practical Pathology, with special reference to clinical work, for the benefit of senior students, especially those preparing for the M.B. exams. in the different universities. Notice will be given of this course as soon as the necessary apparatus has been procured.

* * *

THERE is an impression abroad in the Hospital (whether well founded or not we know not) that the University of Cambridge propose very shortly to make a separate examination in Pathology in which to ensnare the struggling "M.B.-ster." Moreover, it is rumoured that Cambridge will be the only place of study for this examination.

Pathology as an abstract science, rent forcibly from the parent stem of Clinical Medicine, does not commend itself to us as a healthy pastime.

It would not perhaps be too bold to assert that if the Cambridge course of medical study were so arranged as to shorten in any way the period of *Clinical* study, the whole practical value of medical education in the University would be undermined.

* * *

THE Association Football Club plays Guy's in the second round of the Inter-Hospital Cup competition, on February 13th, on St. Thomas's ground at Chiswick. May they avenge last year's defeat!

* * *

WE hear with great regret as we go to press that the Bart.'s Rugger team fell before Guy's in the first round of the Inter-Hospital Cup.

* * *

WHETHER advancing years make us less critical, or the Dramatic Club improve at each Christmas entertainment, there is no doubt that the "Magistrate" is one of the best plays we have seen of recent years. The whole cast worked in a wonderfully level way, and the high standard of acting reflects no little credit on the stage managers and on those who helped to coach the club, notably Dr. Emlyn. Berryman's was a first-rate performance, and the quiet way in which he played the "restaurant" scene was the most marked feature in a part which is very prone to be overdone. In Upton the Club possesses a "lady" who can walk—*and sit down*, a rare gift among male impersonators of female parts.

A full account of the play appears from an abler pen than ours, and we restrain an impulse to plunge into the byways of dramatic criticism.

* * *

To adapt an old story, the Christmas Entertainment suggests to us that, if ever an unmusical Bart.'s man should exist who can only recognise two tunes, one will be the "Valse Bleu" and the other won't!

* * *

THE Secretary of the Abernethian Society will be pleased to supply any gentlemen requiring "dog leashes" with information as to prices, etc. He regrets that the funds of the Society do not permit of his giving them away gratis with the railway guide-books as formerly.

* * *

WE have received the first number of the *Journal of Obstetrics and Gynæcology of the British Empire* (there is something sound in the mere title), which is a monthly publication sold at half-a-crown. The editor is Alban Doran, F.R.C.S., assisted by an editorial committee whose names (including that of Dr. Champneys) are a sufficient guarantee of the high standard of the journal.

The January number contains five original articles, Reviews of Current Literature and Recent Books, together with Transactions of Obstetrical and Gynæcological Societies.

The journal is well printed and of a convenient size. There was room moreover for such a publication, which should give wide satisfaction.

Amalgamated Clubs.

RUGBY FOOTBALL CLUB.

ST. BART.'S *v.* LENNOX.

This match, arranged to take place at Stamford Bridge on January 11th, was scratched, owing to the international match at Blackheath.

ST. BART.'S *v.* ROYAL ENGINEERS.

This match should have been played at Chatham on January 15th, but had to be scratched, owing to the ground being frost-bound.

ST. BART.'S *v.* CATFORD BRIDGE.

The Hospital had a very weak team out for this match at Winchmore Hill on January 18th, and, consequently, suffered defeat by 3 goals and 3 tries to one try.

In the first half Catford Bridge scored four times, two tries of which were converted, and Body scored a try for the Hospital, which Stone failed to convert, so that at half-time Catford Bridge led by 2 goals and 2 tries to one try.

In the second half Bart.'s played up much better, and the game was fairly even, each side attacking alternately; Catford Bridge scored twice, one try being converted. The Hospital made several attempts to score, but were unsuccessful, and were left defeated as stated above. Team:

E. S. Marshall (back); D. M. Stone, J. Corbin, H. B. Owen, T. M. Body (three-quarters); W. H. Hamilton and W. H. Scott (halves); H. T. Wilson, H. E. Stanger-Leathes, A. R. Neligan, J. Morris, T. A. Izard, J. M. Plews, E. C. Hodgson, and A. J. Symes (forwards).

ST. BART.'S *v.* NORTHAMPTON.

This match was played on February 1st at Northampton in bitterly cold weather, and on a frost-bound ground. Both sides were practically at full strength, and a good game resulted. Bart.'s lost the toss, and O'Neill kicked off against a gale of wind. The opening stages of the game were very disastrous to the Hospital, West, H. E. Kingston, and Weston scoring tries in the first ten minutes for Northampton, one of which Simmonds converted. From now till half-time play was very even, the Hospital forwards doing good work, and the opposing three-quarters were well marked, as Hamilton was playing as an extra three-quarter. Bart.'s had very bad luck in not scoring once, as A. O'Neill, with a fine dribble, passed the opposing full back, but slipped at the critical moment, and knocked the ball forward. Half-time came with Northampton leading by 1 goal and 2 tries to *nil*.

The Hospital, playing with the wind in the second half, had somewhat the best of the game, although they only had six forwards—Wilson being injured, left the field at half-time. Our forwards played with great dash and vigour, and, getting the ball out to the three-quarters, some good rounds of passing were seen, from one of which Ellett scored a good try, wide out, which Stone failed to convert. Northampton then attacked, and Dixie-Smith scored a try, which was not converted. From now till call of time Bart.'s had the best of matters, and were unlucky not to score again, and the whistle blew leaving Northampton winners by 1 goal and 3 tries to 1 try.

Except for the first ten minutes, Bart.'s had quite as much of the game as Northampton. The Hospital forwards, although only six in the second half, played up splendidly, and quite held the opposing eight, O'Neill, Tosswill, and Neligan being exceptionally good. The outsides did good defensive work, frequently spoiling the opposing combination, which was very good. Hamilton, Owen, and T. O'Neill tackled well, whilst the kicking of Stone and Marshall was excellent. Teams:

St. Bart.'s.—E. S. Marshall (back); D. M. Stone, J. Corbin, H. B. Owen, G. G. Ellett and W. H. Hamilton (three-quarters); T. O'Neill and W. H. Scott (halves); A. O'Neill (capt.), L. R. Tosswill, H. T. Wilson, A. R. Neligan, H. E. Stanger-Leathes, J. Morris, and E. C. Hodgson (forwards).

Northampton.—C. Leigh (back); W. H. Kingston, F. Simmonds, L. Atterbury, and J. W. D. Smith (three-quarters); H. E. Kingston and E. Morgan (halves); H. Weston (capt.), H. Atterbury, W. H. Edwards, G. Burke, J. Mason, Rev. A. St. G. B. Cummens, J. West, and C. H. Naylor (forwards).

ASSOCIATION FOOTBALL CLUB.

ST. BART.'S *v.* TUNBRIDGE WELLS.

This match was played at Tunbridge Wells on January 25th on the Down Lane Ground, which name, by the way, is most appropriate, and the Hospital losing the toss started playing up hill. During the first twenty-five minutes Tunbridge Wells kept the ball well in the Hospital goal, but thanks to the good defence were prevented from scoring. Bart.'s then got more together, and twice got away with a good rush, but each time failed to score. The home team then pressed again, and from one of the numerous corners scored the first goal.

On changing ends the Hospital naturally got the ball down the hill, and from a corner O'Brien scored a good goal. The Wells showed to more advantage up hill than the visitors had done, and once or twice got dangerously near, and at last with a good shot from their outside left added another goal. Bart.'s then set to work, and rushing down the hill Fernie notched a nice goal, first striking the cross bar. There was no further scoring, the game thus ending in a draw (2—2).

It should be mentioned to the Hospital's credit that during its defence in the first half it lacked Nealor, but who arrived just before half-time to relieve them.

The team representing the Hospital was—

C. E. Armitage (goal); J. R. Lloyd, W. S. Nealor (backs); F. E. Taylor, W. H. Jones, N. E. Waterfield (half-backs); T. A. Killby, C. H. Fernie, C. W. O'Brien, A. H. Hogarth, G. Butcher (forwards).

ST. BART.'S *v.* OLD CHOLMELEIANS.

Played at Winchmore Hill on February 1st in a very high wind, which made good shooting almost impossible. The Hospital started playing with the wind, and so kept the ball in their opponents' goal, but failed to score. A good rush by the visitors' right wing resulted in the first goal being scored shortly after the start. Bart.'s then renewed their attack, but the Old Boys defended well, keeping them out till close on half-time, when Killby managed to net one and so equalise.

The second half was of a give-and-take nature, but the visitors had by this time got more together, and with the wind in their favour scored three times more. The game thus ended in a win for the Old Cholmeleians by 4—1.

The team representing the Hospital, which by the way is not the best it can raise (when will it ever play its strongest team?), consisted of—

C. Dix (goal); J. R. Lloyd, F. E. Taylor (backs); W. H. Jones, T. W. Godsell, N. E. Waterfield (half-backs); T. A. Killby, C. H. Fernie, C. W. O'Brien, A. H. Hogarth, C. Lebrocq (forwards).

ST. BART.'S 2ND XI *v.* WESTMINSTER SCHOOL.

Match played on January 18th on our opponents' ground at Vincent Square. Butcher kicked off for Bart.'s, and soon scored our first goal, Bennett-Powell quickly following with a second. After half-time both sides again scored, and the match was won by 3 goals to 1. Team:

D. W. Hume (goal); G. S. Rorse, J. R. Lloyd (backs); F. W. Jackson, H. B. Scott, W. H. Jones (halves); R. H. Bott, N. Bennett-Powell, C. B. D. Butcher, F. J. Rees, and C. H. Fielding (forwards).

ST. BART.'S 2ND XI *v.* H.A.C.

Match played on February 1st at Raynes Park in a strong wind. Read and Butcher each scored for us in the first half. After half-time we were playing against the wind, and only allowed our opponents to get through once, the match resulting in a win by 2 goals to 1. Team:

D. W. Hume (goal); G. S. Rorse, F. Gooding (backs); T. W. H. Burne, H. B. Scott, C. Williams (halves); R. H. Bott, N. Bennett-Powell, C. B. D. Butcher, T. C. Read, C. H. Fielding (forwards).

THE UNITED HOSPITALS' HARE AND HOUNDS CLUB.

We have had a particularly busy time the last few weeks, having contested matches with the Ranelagh Harriers over a seven-mile course, the Thames Hare and Hounds over eight miles, and also decided the ten-mile Inter-Hospital Cross Country Championship. We have been greatly handicapped in our team racing by the absence of C. Birt (St. Thomas's), who has always been one of our best performers over a country. He has lately been operated upon for varix, and is not yet sufficiently recovered to race, although it is hoped he may be fit enough to represent us on February 28th at Dublin. In the forthcoming Southern Counties and National Cross Country Championships St. Bart.'s looks like providing several runners. J. G. Gibb and P. Gosse will represent the Ranelagh Harriers, F. S. Lister may be included in the Finchley Harriers, and H. Barnett in the Blackheath Harriers' team. P. Gosse is now showing improved form, and with a few more runs will no doubt be going as well as at one time last year, when a crocked knee prevented his competing in the "Southern." St. Bart.'s has practically kept the U.H.H. and H.Club going single handed this season. The various members show surprising keenness, which is a great factor towards the success of any club, and a few more successes may stimulate other hospitals to greater enthusiasm. The best of our regular running men are J. G. Gibb, F. S. Lister, P. Gosse, H. P. Gibb, H. Barnett, W. H. Orton, A. C. Wilson, and G. W. Lloyd.

U.H.H. AND H.C. *v.* RANELAGH HARRIERS.

The above match was run January 18th at Putney, over seven miles, six aside to count. We were without the services of A. C. Birt and G. A. Symmonds, whilst the Ranelagh were at full strength and included Bessell, who is at the present time one of the best men in the south. Under the circumstances it was not surprising that we suffered a heavy defeat by 29 points to 55.

The race was run at a very fast pace, Bessell cutting out the work, with Taylor and Lister in close attendance for the first three and a half miles, when Bessell got away and won with ease. J. G. Gibb came up with Taylor and Lister at five miles, and in this order they ran until half a mile from home, Taylor eventually securing second place, J. G. Gibb third, Lister fourth, the next hospital man in being Gosse ninth.

Bessell's time for the seven miles was 37 min. 4 sec.

U.H.H. AND H.C. *v.* THAMES H. AND H.C.

On Saturday, January 25th, we opposed the above in an eight-mile race over the Inter-'Varsity course at Roehampton, five aside to count. We were without A. C. Birt and G. Symmonds, and W. H. Whitelaw was an absentee from the Thames pack.

The race was chiefly remarkable for the amount of barbed wire negotiated and the various accidents which happened to the first three men home. H. G. Lloyd quickly took the lead, followed by J. G. Gibb and O. S. Norton, with F. S. Lister twenty yards away. After a mile had been covered J. G. Gibb assumed command, and led Lloyd by ten yards. Hereabouts all the leaders overran the trail, and let up F. S. Lister and others, only to find a high barbed-wire fence barring the way. As everyone tried to scramble through at the same time considerable damage occurred to our clothing, Lloyd losing most of his vest. Once fairly going again Lloyd, Gibb, and Lister soon opened up a wide gap from the remaining competitors. After crossing a long piece of plough together Lloyd established a lead of ten yards from Gibb, Lister dropping back thirty yards. At the end of another mile Lloyd and Gibb, by some unaccountable accident, found themselves at the bottom of an extra deep ditch, and Lister, profiting by their experience, jumped at and just managed to clear it, so gaining a considerable advantage at a critical part of the race, and was enabled to keep the lead for another mile, when Lloyd again took up the running, with Gibb sixty yards away. On reaching Putney Heath Lloyd quickened his pace, but was unable to shake off Lister, who beat him in the run in by five yards; J. G. Gibb was third. On adding up the points it was found that the U.H.H. and H. had won their first contest for several years by the narrow margin of 1 point, the score reading U H.H. and H. 27, Thames H. and H. 28. The hospital men ran well up to form. The performances of P. Gosse, H. Gibb, and O. S. Norton (Guy's) were very meritorious, as neither of the three is yet fit, their training having been interrupted through illness.

Placings of men—

	Min.	Sec.
1. F. S. Lister (St. Bart.'s)	46	15
2. H. G. Lloyd (T.H. and H.)	46	17
3. J. G. Gibb (St. Bart,'s)	47	1
4. G. B. Adeney (T.H. and H.)	48	45
5. S. W. Fowler-Dixon (T.H. and H.)	48	48
6. P. G. Gosse (St. Bart.'s)	49	30
7. G. T. Brassey (T.H. and H.)	49	38
8. H. Gibb (St. Bart.'s)	49	47
9. O. S. Norton (Guy's)	50	31
10. R. H. Watson (T.H. and H.)	50	37

Also ran, A. C. Wilson and G. W. Lloyd (St. Bart.'s) and six other members of T.H. and H.

U.H.H. AND H. TEN MILES CHAMPIONSHIP.

This race should have taken place at Putney on February 8th, over the ten-mile Clutton Cup course. Owing to no other hospital being able to raise a team St. Bart.'s had a walk over, and so secured the cup for 1902. The gold medal for first man home is to be given to the first hospital man in the six-mile contest against Dublin University on February 28th. Dublin seem to be fairly strong this year, as they easily disposed of Edinburgh University some six weeks ago. We hope to put up a very good race with them even if we do not just win.

HOCKEY CLUB.

ST. BART.'S HOSPITAL *v.* ENFIELD.

This match was played at Enfield on Saturday, January 11th, and resulted in a win for Bart.'s by four goals to one. We had the best of the game nearly all the way through. Beckett shot three goals and Sale one.

The Hospital was represented by—

Wright, Orton, and Phillips (backs); C. Adam, H. B. Hill, and L. Murphy (halves); Jeudwine, Griffin, Becket, Sale, and Hallowes (forwards).

ST. BART.'S *v.* GUILDHALL.

This match was played at Manor Park on Saturday, January 18th, and resulted in a draw after a hard game.

In the first half our forwards played well together, taking the ball down the field time after time but just failing to score. Just before half-time Murphy and Sale took the ball down the field from our "25," but their backs just saved in time. After half-time our opponents worked hard and pressed us, having several shots at our goal, but Orton saved well each time. Orton at back was excellent, stopping many dribbles and clearing well each time. Of the forwards, Sale, Griffin, and Hallowes played a good game.

The Hospital was represented by—

L. Orton, E. A. Wright, L. Phillips (backs); W. E. Fowler, H. B. Hill, C. Adam (halves); H. Grant, W. Griffin, Sale, Murphy, A. Hallowes.

ST. BART.'S *v.* UXBRIDGE.

This match was decided in favour of Bart.'s on Saturday, January 25th, at Uxbridge, by fourteen goals to three. We had the best of the game the whole way through, and were in our opponents' twenty-five for the greater part of the game. Our forwards had the ball most of the time, their backs not being able to prevent us from shooting.

Of the goals, Griffin scored seven, Sale five, Gray and Hallowes one each.

The Hospital team was—

Orton, Phillips, and Wright (backs); Adam, Murphy, Fowler (halves); Gray, Griffen, Sale, Hallowes, Jeudwine (forwards).

The Christmas Entertainment,

JANUARY 9TH AND 10TH, 1902.

ON January 3rd, 1883, an addition to the Christmas entertainment of that year was made in the shape of two dramatic items. These consisted of two farces of one act each, "Little Toddlekins" and "A Regular Fix."

The small stage, raised but eighteen inches from the floor, and only lighted by a row of candles for footlights, was little better than that usually erected in the "Theatre Royal Back Drawing-room;" but among the cast were several men who were undismayed by this small beginning, and to whose devotion and energy the Dramatic Club owes its long life, steady development, and flourishing condition. Mr. W. H. Cross, who was elected President of the club at its birth, and who still holds that post, has been another factor in its success. He has cheerfully assumed the office of umpire in chief, and has always found a way over or round the many rough places and difficulties which without his advice might well have proved unsurmountable.

Among the audiences who witnessed the twentieth consecutive performance in the Great Hall on January 9th and 10th must have been a good many people who, seeing the first and latest productions, compared the present with the

past, and wondered at the growth of the club and the style of the play produced this year, which, in the absence of female talent, the earlier members would have unanimously condemned as leading to certain failure.

We wonder what thoughts occupied Mr. Berry's mind, whose name appears upon the first programme as playing the part of "Smiler (a sheriff's officer)" in "A Regular Fix." Sitting among the audience he afforded a link with the past, and an example of the abiding interest which old members take in the doings of the St. B. H. A. D. C.

We might indulge in many reminiscences, for it is a far cry from the two antiquated farces of the first programme to the play of Pinero's which furnished the latest entertainment, but it is of that we have to deal, and space in the Hospital JOURNAL is valuable.

The choice of Pinero's "Magistrate" was a happy one, the plot being very amusing and the *dramatis personæ* including many good parts. The whole performance went with great spirit, each member's efforts combining to make a very successful show.

The play, which abounds in excellent situations, has one weak point, viz. the final curtain, and no amount of rehearsal and dash can remove the poor impression caused by the feebleness of the few closing lines.

The scenery was an advance on that of the last few years, and the arrangement of furniture and the small accessories showed a thoroughness on the part of the management which should be acknowledged.

Mr. R. J. Waugh played the unfortunate "Poskett" with much skill, and despite an occasional tendency to monotone rose to his occasions well, many lines being quite excellent. The character is an exacting one, and he may be congratulated on his performance. Mr. K. D. Bell as "Mr. Bullamy" was sound, and besides having a good comic stage laugh has an easy bearing, which is so rare a possession among amateurs. Mr. H. S. Ward added to his labours as stage manager those of the mainstay of the piece. His "Colonel Lukyn" was first-rate, and whenever he was on the stage he infused a dash and go into the piece which was invaluable. Mr. P. Gosse played "Captain Vale" with quiet humour, and avoided exaggeration, which is the pitfall of such a part. Mr. R. C. P. Berryman as "Cis Farringdon" showed himself to be one of the best comedians the club has possessed. Never over-accentuating yet making every point, always natural yet never obtrusive in his admirable by-play, he was a tower of strength. Mr. C. Dix gave a clever character sketch as "Wormington," and Mr. P. Lloyd-Jones as "Isodore" played his few lines in a way which leads us to hope that we may see him in a part more worthy of his powers. Mr. B. Digby gave prominence to the character of the police-sergeant "Messitor." As "Agatha Poskett" Mr. V. C. Upton looked charming, and enunciated his words clearly. The part is beset with difficulties, and the thanks of all are due to him for essaying the character. Mr. R. C. Elmslie played "Charlotte Verinder" with humour, and scored a success. Mr. J. A. Izard as "Beakie" did what he could with the one thankless part in the play, while Mr. Honiball was amusing as "Popham." Messrs. Chaff, Black, and Killby gave very adequate assistance in the smaller parts.

The audience, which on both nights filled the hall to overflowing, enjoyed the entertainment thoroughly.

During the evening the Hospital Orchestral Society gave a pleasing selection of music admirably played.

There are rumours that the A.D.C. proposes giving an "outside show" at St. George's Hall, some time about May, for the Samaritan Fund, if the authorities wish.

Seeing the success, both histrionic and financial, which attended the performance given at that place in 1891 and 1892, we hope that rumour will give place to certainty.

Abernethian Society.

JANUARY 16th. The mid-sessional meeting was held in the Medical Theatre, Mr. Danks in the Chair. Dr. Champneys read a paper on "Some Pages from the Ancient History of Obstetric Medicine and Surgery." A vote of thanks was proposed by Mr. Rose, seconded by Mr. Shrubsall. The Paper will be reproduced in the JOURNAL.

January 23rd. The twelfth ordinary meeting was held, Mr. Shrubsall in the chair. Mr. West read a paper on "Some Innocent Tumours of the Breast." After some preliminary remarks he explained the scope of his paper, and went on to describe what he called "Local Chronic Mastitis." He gave its clinical and histological characters, and made original suggestions upon its pathology. It was a common source of diagnostic errors, being often taken for scirrhous or fibro-adenoma. He believed that in some cases the disease ended in carcinoma, and he recommended removal, and described the operation, putting in a plea for drainage of the wound. Two cases were given in illustration of points raised. In regard to tuberculous and gummatous mastitis he would depend on the house for information. The adenomata were next taken, and attention specially directed to fibro-adenoma. This was completely described, together with diagnosis, especially that from nodular scirrhus. He quoted a case where a small breast-tumour was locally removed, with disastrous results. As to the ultimate fate of fibro-adenomata, he expressed his belief that in many cases they gave origin to carcinoma. He next explained its histology and the degenerations to which it is liable, the mucoid and the cystic. The latter led to a discussion concerning intra-cystic growths, their structural variations, and their relation on the one hand to definitely innocent, and on the other to definitely malignant tumours. The whole paper was illustrated by microscopic specimens.

The Rahere Lodge, No. 2546.

AN ordinary meeting of the Rahere Lodge, No. 2546, was held at Frascati's Restaurant, Oxford Street, W., on Tuesday, January 14th, 1902; Bro. Abraham, M.D., W.M., in the chair. Bros. Scott and Edge were raised to the Third Degree. Bro. Read was passed to the Second Degree, and Messrs. Sydney L. Harke, Percival Yetts, and J. C. S. Dunn were initiated into Freemasonry. A sum of Ten Guineas was voted from the Lodge funds to each of the masonic charities, and past grand officers' jewels were awarded to W. Bro. the Rev. Sir Borradaile Savory, Bart., Senior Grand Chaplain, and W. Bro. Walter Gripper, M.B., Deputy Grand Director of Ceremonies. The Lodge also contributed the sum of Ten Guineas towards a gift to W. Bro. Clement Godson, Treasurer, on the occasion of his silver wedding.

Calendar.

Feb. 17.—Special Lecture.
" 18.—On duty. Dr. Hensley and Mr. Walsham.
" 19.—Mr. Walsham's Clinical Lecture.
" 20.—Abernethian Society. Discussions, Clinical and Pathological.
" 21.—On duty. Sir Lauder Brunton and Mr. Cripps.
Dr. Gee's Clinical Lecture.
A.F.C. *v.* Chiswick at Chiswick.
H.C. *v.* Hendon at Hendon.
" 24.—Mr. Cumberbatch's Special Lecture.
" 25.—On duty. Sir Wm. Church and Mr. Langton.
" 26.—Mr. Walsham's Clinical Lecture.
" 27.—Abernethian Society. Mr. M. H. Gordon, M.A., M.B., "Bacteriology of Scarlet Fever."
" 28.—On duty. Dr. Gee and Mr. Marsh.
Sir Dyce Duckworth's Clinical Lecture.
Mar. 1.—R.F.C. *v.* Old Leysians at Eltham.
H.C. *v.* Epsom College at Epsom.
Hichens Prize.
" 3.—Dr. Ormerod's Special Lecture.
" 4.—On duty. Sir Dyce Duckworth and Mr. Butlin.
" 5.—Mr. Cripps's Clinical Lecture.
" 6.—Abernethian Society. Mr. L. J. Picton, M.B., "Chlorosis."
" 7.—On duty. Dr. Hensley and Mr. Walsham.
Dr. Hensley's Clinical Lecture.
" 8.—A.F.C. *v.* Cheshunt at Cheshunt.
H.C. *v.* Crystal Palace at Winchmore Hill.
" 10.—Mr. Bruce Clarke's Special Lecture.
" 11.—On duty. Sir Lauder Brunton and Mr. Cripps.
" 12.—Mr. Cripps's Clinical Lecture.
" 13.—Abernethian Society. Discussions. Clinical and Pathological.
" 14.—On duty. Sir Wm. Church and Mr. Langton.
Sir Lauder Brunton's Clinical Lecture.
Harvey Prize.
Kirkes Scholarship and Gold Medal (Paper).

Junior Staff Appointments.

THE following nominations have been made for junior staff appointments:

HOUSE PHYSICIANS IN APRIL.

Sir William Church.	H. L. P. Hulbert.
Dr. Gee.	R. H. Urwick.
Sir Dyce Duckworth.	A. E. Thomas.
Dr. Hensley.	J. Stirling-Hamilton.
Sir Lauder Brunton.	H. H. Weir.
INTERN IN APRIL	H. G. Pinker.
EXTERN IN APRIL	R. T. Worthington.
EXTERN IN JULY	A. H. Hayes.

Examinations.

Conjoint Board.

Chemistry.—R. M. Coalbank, L. G. H. Furber, J. G. Watkins.
Practical Pharmacy.—H. F. Bodvel-Roberts, H. F. Hatfield, G. M. Levick, F. E. Whitehead, A. C. Wilson, F. H. Wood.
Biology.—G. B. Scott.
Anatomy and Physiology.—J. B. Binns, H. Gray, E. C. Hayes, C. Loddiges, A. O'Neill, F. M. P. Rice, F. Weber.
D.P.H. Examination.—A. E. H. Thomas, B.A., M.B., B.C. (Oxon.).

UNIVERSITY OF DURHAM.

M.D. Degree.

H. G. Harris.

Appointments.

BROWNLOW, HARRY L., appointed Assistant Surgeon to Royal United Hospital, Bath.

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GREAVES, H. S., B.A.(Durham), M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the General Hospital, Barbadoes.

* * *

JACKSON, ARTHUR N., appointed Medical Superintendent of the Notts County Asylum.

* * *

JOHNSTON, D. M., M.R.C.S., L.R.C.P., appointed House Physician to the Derbyshire Royal Infirmary.

* * *

LINDSEY, E. V., M.B.(Lond.), M.R.C.S., L.R.C.P., appointed House Surgeon to the Stockton and Thornaby Hospital.

* * *

LLOYD, J. A., M.B.(Lond.), M.R.C.S., L.R.C.P., appointed House Surgeon to the General Hospital, Stroud.

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MCDONALD, W. M., M.R.C.S., L.R.C.P, appointed Medical Officer to a Concentration Camp.

* * *

PETHYBRIDGE, W. L., M.D., B.Sc., appointed Honorary Anæsthetist to the Royal Eye Infirmary, Plymouth.

* * *

RIDOUT, C. A. S., M.B., B.S.(Lond.), M.R.C.S., L.R.C.P., appointed House Surgeon to the North Staffordshire Infirmary and Eye Hospital, Stoke-on-Trent.

* * *

ROWLAND, P. W., M.B (Lond.), M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer and Registrar at the Evelina Hospital for Sick Children.

New Addresses.

BUTLER, T. H., 6, Palmeira Gardens, Westcliff-on-Sea, Essex.
CARSON, H. W., 26, Welbeck Street, W.
GREAVES, H. S., General Hospital, Barbadoes.
HARRIS, H. G., Westward Ho, Birchington-on-Sea, Kent.
MITCHELL, A. M., St. Vincent's, Epsom Road, Guildford.
RAWLING, L. B., 16, Montagu Street, Portman Square, W.
SMITH-WYNNE, G. S. A., Woolpit, near Bury St. Edmunds.
WALLIS, F. C., 107, Harley Street, W.
WARE, A. M., 13, Sussex Villas, De Vere Gardens, W.

Marriage.

DALE—NIXON.—On January 8th, at St. Saviour's Church, S.W., Cuthbert Bracey Dale, M.R.C.S., L.R.C.P., of 106, Bristol Road, Birmingham, to Winifreda, younger daughter of the late Lieut.-Col. A. J. Nixon, Rifle Brigade.